

INTERMITTENT FML TIMESHEET FAMILY MEDICAL LEAVE ACT (FMLA)

Your Supervisor must approve this timesheet. You must also inform UNUM of days missed.

HOURS ENTERED ON THIS TIMESHEET SHOULD NOT BE ENTERED ON YOUR PAYLOCITY

TIMESHEET EMPLOYEE NAME: _____

T#: _____

DEPT: _____

PAY PERIOD: _____

SUPERVISOR SIGNATURE: _____

	DATE OF FML	# HRS SICK	# HRS VAC	# HRS PERSONAL BUSINESS	# HRS UNPAID TIME
WEEK 1 OF PAY PERIOD					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
WEEK 2 OF PAY PERIOD					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

Please complete and return to benefits@udmercy.edu